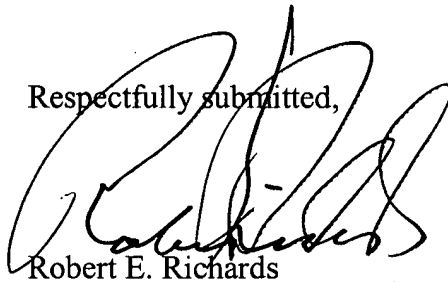




statement of reasons for allowance, and to the extent that the record is clear and complete, it shall control the interpretation of any and all claims.

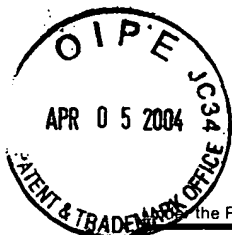
Respectfully submitted,

A handwritten signature in black ink, appearing to read 'Robert E. Richards', is written over the typed name.

Robert E. Richards

Reg. No. 29,105

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Docket: 13700-0238 (44471/234042)



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Application Number	09/579,294
Filing Date	05/25/2000
First Named Inventor	Kenichi Sugiyama
Group Art Unit	2834
Examiner Name	Burton S. Mullins
Attorney Docket Number	13700-0238

Total Number of Pages in This Submission

## ENCLOSURES (check all that apply)

- |   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input checked="" type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment / Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application)<br><input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>1) PTOL-85B - Fee(s) Transmittal<br>2) PTO/SB/122<br>3) PTO/SB/47<br>4) Comments on Statement for Reasons of Allowance; and<br>5) Amendment After Allowance. |
|---|---|---|

Remarks

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Robert E. Richards, Reg. No. 29,105 KILPATRICK STOCKTON LLP
Signature	
Date	4-1-04

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